Only

PAGE 1/9 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ISA MURKOWSKI FOR US SENATE PO BOX 100847 ADDRESS (number and street) (Check if address is changed) **ANCHORAGE** 99510 ΑK CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tim@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.lisamurkowski.com (Check if address is changed) DATE 08 2022 C00384529 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. STRAUB, CATHERINE, , , Type or Print Name of Treasurer STRAUB, CATHERINE, , , [Electronically Filed] Date 80 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate MURKOWSKI, LISA, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State AK District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	·).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

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	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	LISA MURKOV	VSKI FOR US SENATE		
6.	CORNYN VICTORY	rganization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	ership PAC Sponsor
	1			
	Mailing Address	PO BOX 13026		
		AUSTIN	TX 78711	1 -
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected		Fundraising Representative	Leadership PAC Sponso
	Helationship.	Annated Organization	Tunuraising Tiepresentative	Leadership 1 AO Sporiso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and	d position of the person in posses	ssion of committee
	SCHROCK	, TYLAN, , ,		
	Full Name			
	Mailing Address	PO BOX 100847		
		ANCHORAGE	AK 99510)
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	CITT =	SIAIE A	ZIF CODE A
	CUSTODIAN OF RECORDS	Tele	phone number 907 - [4402205
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasuresistant treasurer).	urer of the committee; and the	name and address of
	Full Name STRAUB, 0	CATHERINE, , ,		
	of Treasurer			
	Mailing Address	7051 LAKE O THE HILLS CIRCLE		
		ANCHORAGE	AK 99516	8
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Tele	phone number 907 - [360 - 1266

Full Name of Designated Agent Mailing Address 901 N WASHINGTON ST, SUITE 700 ALEXANDRIA CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ ASSISTANT TREASURER Telephone number 703 - 299 - 8571 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. NORTHRIM BANK Mailing Address PO BOX 241489	
Title or Position ▼ ASSISTANT TREASURER Telephone number Telep	
ASSISTANT TREASURER Telephone number 703 - 299 - 8571 Telephone number RO Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	
safety deposit boxes or maintains funds. Name of Bank, Depository, etc. NORTHRIM BANK PO BOX 241489	8571
NORTHRIM BANK	nts
PO BOX 241489	
ANCHORAGE AK 99524 CITY ▲ STATE ▲ ZIP CODE ▲	
Name of Bank, Depository, etc.	
Mailing Address CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN VA 22101	
CITY ▲ STATE ▲ ZIP CODE ▲	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			
l		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e. or Leadership PAC Spons
TAKE BACK THE	_		· · · · ·
Mailing Address	PO BOX 9891		
	ARLINGTON	VA VA	22219
	CITY d Organization	STATE ▲ oint Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
connected Agent: Identification Full Name	d Organization Affiliated Committee	oint Fundraising Represent	
Connecte esignated Agent: Identif	d Organization Affiliated Committee	oint Fundraising Represent	
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connected Agent: Identification Full Name	Affiliated Committee y y y y y y y y y y y y y	oint Fundraising Represent	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
FRIENDS OF MI	TT JOINT FUNDRAISING COMMITTE	EE	
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, SECOND FLOOR		
	BEVERLY	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected Agent: Identi	Affiliated Committee	Fundraising Represent	
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esignated Agent: Identi		I I I I I I I I I I I I I I I I I I I	
Pesignated Agent: Identi		I undraising Trepresent	
Pesignated Agent: Identi		Turidiasing Hepresent	
Pesignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optional) CITY Tel	STATE A lephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the same of Bank, BANK	y by name, address (phone number – optional) CITY CITY Tel pries: List all banks or other depositories in which taintains funds.	STATE A Ilephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the position of Bank, Depository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which taintains funds.	STATE A Ilephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the position of Bank, Depository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which taintains funds.	STATE A Ilephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	p Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4			
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	, , VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	elephone Number	
9.	safety deposit boxes or mai	ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
	Mailing Address			
	Ivialility Address			
	ivialility Address			

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisir	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
MURKOWSKI VI	CTORY FUND		
Mailing Address	901 N WASHINGTON ST		
	SUITE 700		
	ALEXANDRIA	, , , , VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo y by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		int Fundraising Represent	ative Leadership PAC Spo
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Designated Agent: Identif	y by name, address (phone number – optional) CITY		
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.				FEC	ID number	С
3				FEC	ID number	C
4				FEC	ID number	С
=	_	ganization, Affiliate		t Fundraising R	epresentativ	e, or Leadership PAC Spons
KEPUBLIC	AN SEINA	ATE VICTORY				
Mailing Add	dress	228 S. WASHINGTO	N STREET			
	L	SUITE 115				
	L	ALEXANDRIA			Ŭ VA □	22314
Relationship) :		CITY A		STATE ▲	ZIP CODE ▲
		name, address (ph	one number – opti	onal)		
Full Name		name, address (ph	none number – opti	onal)		
Full Name		name, address (ph	none number – opti	onal)		
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_	ess L	name, address (ph	city A	onal)	STATE A	ZIP CODE A